

Substitute for form 1449B/PTO				<b><i>Complete if Known</i></b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	10/688,312
				Filing Date	10-17-03
				First Named Inventor	Burke
				Group Art Unit	1743
				Examiner Name	Arlen Soderquist
				Attorney Docket Number	007404-000554
(Use as many sheets as necessary)					
Sheet	1	of	1		

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Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1. Applicants unique citation designation number. (optional) 2. Applicant is to place a check mark here if English language Translation is attached.

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